



Shoulder replacement surgery



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Your guide to shoulder replacement surgery

Your healthcare team is pleased to partner with you on your shoulder replacement. Most people who need this surgery have had shoulder pain for some time. Even simple movements, such as when you lift an object, reach for something or get dressed, can be hard. You also may notice pain when you try to sleep. Shoulder replacement surgery may bring relief and help you get back to the things you enjoy.

About this guide

This guide helps you get ready for surgery and supports you during recovery. It includes checklists to help you stay on track. It also tells you when to contact your care team.

- **Review it before your appointments.** Use it to check off tasks and to note details about your surgery.
- **Bring it to your appointments.** You and your care team can go through it together. Write down questions and record important details.
- **Keep it nearby so you can look at it often.**

If you have questions about your surgery or this information, talk with your care team. They are here to support you.



Stages of recovery after shoulder replacement surgery

Recovery happens in stages. Most people move through the same general stages, but each person is different. Your recovery may not be the same as someone else's. That is OK. Your healthcare team guides you along the way. Together you can find a pace and plan that works best for you.

This information shows a general timeline to help you understand what recovery might look like.

Weeks 1 to 6

During the first six weeks after surgery, you wear a shoulder immobilizer most of the time. You may take it off when you sit on a couch or chair and want to rest your arm on your lap. How long you wear the immobilizer depends on the type of surgery. For example, with anatomic shoulder replacement you may wear the immobilizer for about six weeks. With reverse shoulder replacement you may wear it for about three weeks.

During this time:

- Rest and manage your pain.
- **Do not** lift or reach with your shoulder.
- Gently move your elbow and raise your hand. How much you move may depend on the surgery you had.
- Take care of your incision to prevent infection. Most people have stitches that dissolve on their own.

Weeks 6 to 12

Most people begin formal physical therapy and also do exercises at home. You may feel stronger and notice more motion each week. You may still wear a sling at times, especially when you are active. You are still careful about how you use your shoulder.

Months 3 to 12

Most people stop formal physical therapy but keep working on strength and motion at home. Between 3 and 4 months, many people regain most of their shoulder motion and can do daily activities without much trouble.

You should notice improvements each month. Full recovery may take up to a year. You keep building strength and flexibility during this time. You may still feel some discomfort or warmth around the joint, but these symptoms often get better with time.

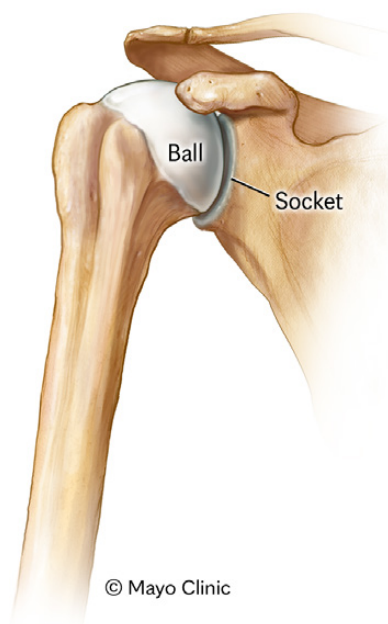
How the shoulder works

Your shoulder is a ball-and-socket joint. This means one bone has a rounded end, like a ball. Another bone has a hollow area called a socket. The socket is where the ball fits. Together they let your shoulder move in many directions.

The two main bones involved in shoulder replacement surgery are the upper arm bone and the shoulder blade.

- **Upper arm bone, also called the humerus.** The rounded head of the humerus forms the ball.
- **Shoulder blade, also called the scapula.** This bone has a hollow area that forms the socket.

When the shoulder joint is healthy, cartilage cushions the bones. That helps your shoulder move without pain.



Inside the joint is a thin layer of tissue, called the synovial membrane. It makes a small amount of fluid that keeps the joint slippery. The synovial membrane also nourishes the cartilage. When the membrane is inflamed or damaged, it can speed up cartilage loss and joint damage.

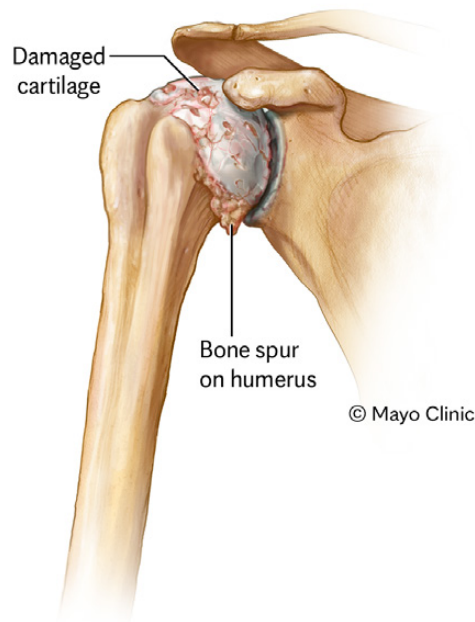
For most people who need shoulder replacement surgery, it is because of damage that builds up over time. This damage typically comes from everyday wear and tear.

The most common reason a person may need shoulder replacement surgery is because of osteoarthritis. Osteoarthritis happens when the cartilage that covers the ends of the bones wears down. When it breaks down, it can cause pain and swelling. It also can make it hard to move the shoulder.

The following conditions also can cause cartilage damage in the shoulder.

- **Rheumatoid arthritis.** It happens when too much inflammation causes damage to a joint.
- **Rotator cuff tear injuries.** They happen when a long-term, severe rotator cuff tear leads to joint damage and arthritis.

As cartilage wears down or the joint is damaged, the space between the bones in the shoulder can get smaller. The body also may grow bone spurs. These are rough edges that form as your body tries to protect the joint.



Other causes of shoulder damage include:

- **Fractures.** A severe break can damage the joint beyond repair. This is more common with a break at the top of the humerus.
- **Osteonecrosis.** This happens when there is less blood supply to the bone. Without enough blood, part of the bone dies, and the joint may collapse.

When the joint is damaged, your shoulder may feel weak, stiff or painful. That makes daily tasks harder. If this happens, surgery may help. Replacing damaged parts of your shoulder with new parts can lessen pain and help you move your arm more easily.

Types of shoulder replacement surgeries

There are different types of shoulder replacement surgeries. All types use implants. An implant is an artificial part that takes the place of a damaged bone or joint surface. Implants are usually made of metal, plastic or a combination of both. The type of surgery you have may depend on how much damage your shoulder joint has, the health of your rotator cuff, the strength of your bones and your overall health.

An orthopedic surgeon does shoulder replacement surgery. Surgery usually takes about 2 to 3 hours. Plan to be at your surgery for several hours because of anesthesia and recovery time. Most people go home the same day, but some may stay overnight.

To reach the joint, the surgeon makes a cut over the shoulder. There are different ways to work around the muscles and tissues. Your surgeon chooses the safest approach based on your joint damage and overall health.

Your care team uses general anesthesia, a nerve block or both to keep you safe and comfortable during surgery. General anesthesia puts you into a deep sleep, so you do not feel or remember the surgery. A nerve block is a shot near your neck or shoulder that numbs your arm and blocks pain. You also may receive sedation, which is medicine that helps you feel calm or sleepy during surgery.

The following are types of shoulder replacement surgeries.

Anatomic total shoulder replacement

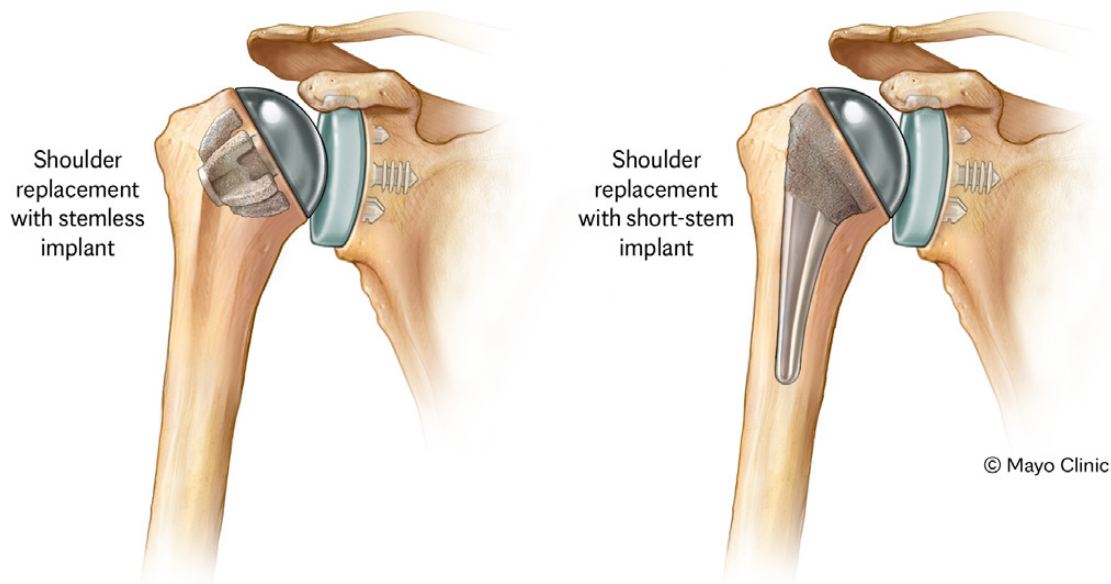
With anatomic total shoulder replacement, both the ball and the socket are replaced. The implants are shaped like the natural bones.

This surgery often is used when arthritis or other wear has damaged both the ball and the socket. It may be the best choice if the rotator cuff is healthy and can support the joint.

Most people get a stemless implant. This type sits on the top of the arm bone. It is called stemless because it does not go down inside the humerus. Keeping more of your natural bone can make another shoulder surgery easier if you ever need one.

Sometimes a short-stem implant is used. Your surgeon may choose this if your bone is weaker from osteoporosis or past injury. The short stem gives extra support inside the bone.

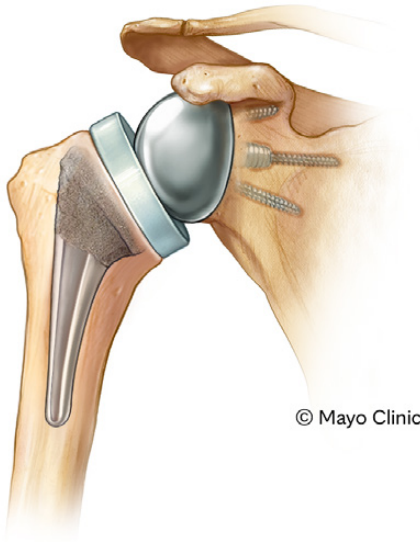
During surgery, the top of the arm bone is removed and replaced with the implant. A plastic lining is placed in the socket. The tendon at the front of the shoulder, called the subscapularis, also is repaired.



Reverse total shoulder replacement (reverse arthroplasty)

This surgery also is called reverse arthroplasty. During surgery, both the ball and the socket are replaced, but the positions are switched. The ball is attached to the shoulder blade. The socket is attached to the top of the arm bone.

This surgery often is used if the rotator cuff is badly torn or weak. In this case, the deltoid muscle, which covers the shoulder, helps lift the arm. Reverse replacement can lessen pain and improve function when arthritis and a torn rotator cuff are both present.

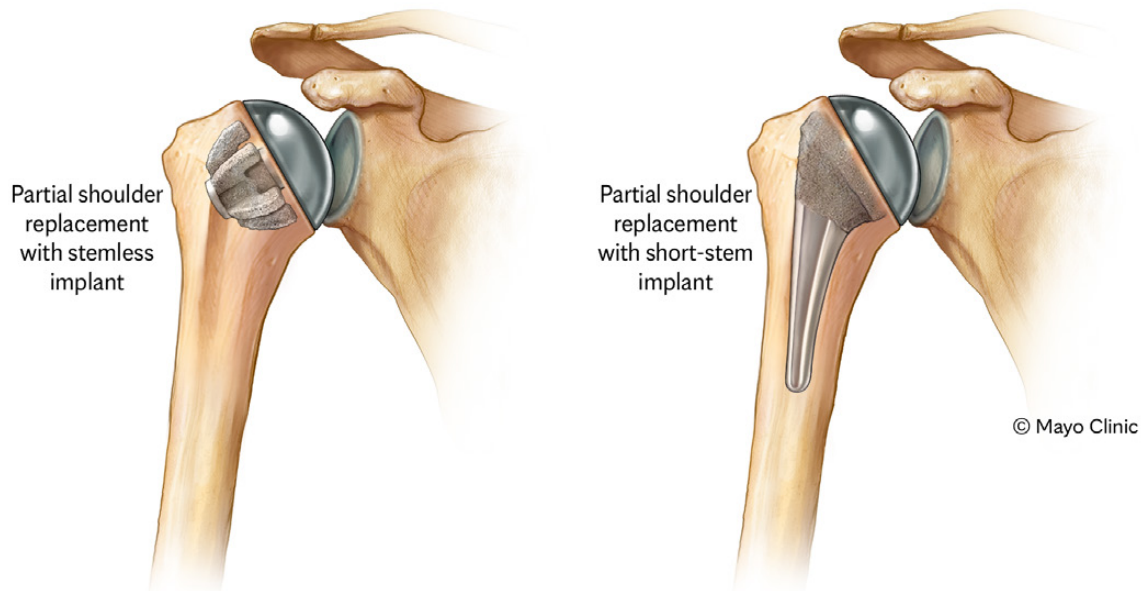


Partial shoulder replacement (hemiarthroplasty)

Partial shoulder replacement also is called hemiarthroplasty. With this type of replacement, only the ball of the joint is replaced with an implant.

During this surgery, the top of the arm bone is removed. It is replaced with a metal stem and ball. The socket is left as it is, or it may be reshaped to fit the new ball.

This surgery may be used when the top of the arm bone is damaged, but the socket is still strong and healthy. It also may be done if the socket bone is too thin or worn out to hold a lining.



Possible side effects and complications of shoulder replacement surgery

After surgery, it is common to have side effects. These happen as your body adjusts to anesthesia or sedation and as it begins to heal. Common side effects do not mean something went wrong during surgery. They often go away on their own as you recover.

With any surgery, there are risks. You may hear these called possible complications. A complication is an unexpected medical issue that can happen during or after surgery. Complications are rare. Some last a short time and go away on their own. Others may need treatment or another surgery. Others may last longer or be lifelong. Your risks may be different from someone else's. They also may depend on your overall health. Be sure to talk with your healthcare team about those risks.

Common side effects of anesthesia or sedation

These are common side effects of anesthesia or sedation. They usually go away in 1 to 2 days.

- Nausea and vomiting.
- Headache.
- Dry mouth and sore throat.
- Shivering.
- Feeling sleepy.

Common side effects around the surgical area

The following side effects may take a few weeks to months to go away.

- Pain and feeling sore.
- Bruising.
- Swelling.
- Numbness. This may take up to a year to completely go away.

Other common side effects after surgery

You also may have these side effects, which usually get better as you recover:

- Trouble sleeping.
- Changes in appetite.
- Constipation, especially if you take pain medicine.
- Feeling more tired than usual.

Possible complications from shoulder replacement surgery

It is possible that your pain may not lessen or go away completely after your shoulder replacement surgery. Other possible complications of this surgery include:

- **Infection.** Surgery carries a risk of infection. An antibiotic typically treats an infection. To help prevent infection, an antibiotic may be given before surgery, after surgery or both.
- **Dislocation of implant.** The implant can come out of its typical position in a joint. This is more common in the first few months after surgery. If that happens, your care team helps you decide on the best treatment. Sometimes another surgery is needed.
- **Fracture.** Rarely, a healthy bone breaks during surgery. Small fractures often heal on their own. Larger fractures may need wires, screws or other support.
- **Implant becomes loose, weak or breaks.** Replacement parts are strong. But over time, they may become loose, weak or break. This is rare, though more common with smaller implants. If this happens, typically another surgery is needed.
- **Stiffness or instability.** During surgery, the tissues around the joint are adjusted. This helps movement and stability. Sometimes these tissues become too loose or too tight. Loose tissues cause the joint to feel unstable. Tight tissues cause the joint to feel stiff.
- **Blood clot.** A blood clot is rare. Your surgical team takes steps to avoid a blood clot. Every person's medical condition is different. Steps and treatment for blood clots are different for each person.
- **Allergic reaction to implant materials.** Some people have a rare allergic reaction to the metals used in implants. These include nickel, cobalt and chromium.
- **Irritation to a nearby nerve or blood vessel.** During surgery, there is a small chance that a nearby nerve or blood vessel could be irritated or damaged.

Get ready for shoulder replacement surgery

Read this information to get ready for surgery. Being ready for surgery takes planning and support. Be sure to talk with your healthcare team if you have any questions.

Share important information with your healthcare team

Be sure to tell your care team about the following:

- **Blood clots.** If you have had a blood clot, be sure to let your care team know.
- **Blood-thinning medicines.** Blood-thinning medicines affect clotting and bleeding. Before your surgery, both the healthcare professional who will do your surgery and the healthcare professional who manages these medicines need to decide if your medicines need to change. After your surgery is scheduled, talk with your care team as soon as you can. If you are not sure whether you take medicine that affects blood-thinning, contact your care team or a pharmacist.
- **Diabetes.** Before surgery, talk to your surgical care team about your diabetes so they can schedule the best time for your surgery. Also contact the care team member who manages your insulin or other diabetes medicines to find out how to take or adjust them.
- **Pain medicines.** If you have been taking pain medicines recently, tell your care team. Together, you can plan how to adjust your pain medicines before your surgery.
- **Herbal medicines.** If you have been taking any herbal medicines, such as St. John's wort, fish oil or omega-3 fatty acids, stop taking them when a member of your care team tells you to stop. Some herbal medicines can thin your blood. This puts you at risk of bleeding during your surgery.
- **Permanent body piercings.** Depending on the type of piercings and where they are, they may need to be removed before your surgery.
- **Implanted devices.** Tell your care team about any implanted devices you have. For example, screws, metal plates, a pacemaker, an internal defibrillator, a vagus nerve stimulator or an InterStim. Examples also include an insulin pump and a pain medicine pump. Bring your device information card with you when you have surgery. If the device has a remote control, also bring that.
- **Any recent infections, illnesses or dental issues.**

Planning for other procedures

Other procedures can raise your risk of infection. Because of this, plan carefully. For example, **do not** have a steroid injection in the area you will be operated on within three months before surgery. Ask your care team if you can have a steroid injection in a different area.

Also, **do not** plan to have a procedure, including dental work, during the six months after your shoulder replacement. If you are not sure when it is safe to have another procedure, ask your care team. If another procedure is scheduled too close to your shoulder replacement surgery date, you may need to reschedule.



After surgery, you cannot ever have a steroid injection in your shoulder area again. Ask your care team if a steroid injection in another part of your body is safe.

Do not use nicotine or tobacco before surgery

Stop using all products that contain nicotine or tobacco at least six weeks before surgery. This includes cigarettes, cigars, e-cigarettes, vapes, chewing tobacco, snuff, dip, nicotine patches and nicotine gum. These products have chemicals that lower blood flow. That makes it harder for your body to heal after surgery. Smoking also raises the risk of complications during and after surgery.

Also agree to stay nicotine- and tobacco-free for at least 3 to 6 months after surgery. If you need help to quit, talk to your health professional. They are here to support you.

Appointments with your healthcare team

In the weeks before surgery, you may meet with both your surgical care team and your primary care team.

During these appointments, your care team may ask about your medical history. The team also may order lab tests or scans. Examples include blood work, a chest X-ray or an electrocardiogram (ECG).

Together you can talk about:

- When your surgery is scheduled.
- Details of your surgery, including anesthesia or sedation.
- Special instructions you need to follow. You may need to follow certain directions not listed in this information or in your preparation instructions.
- Plans for your recovery.
- Medicines you may need after surgery. Ask if you need to get any ahead of time.
- Your plans for recovery at home.

Plan for changes to daily life

Recovery takes time. Plan for help you may need, such as:

- Time off from work, school or sports.
- Help with driving, lifting children or handling luggage.
- Support for childcare, pet care or other dependents.

Education

Your care team may offer videos, classes, written guides or other tools to help you get ready for surgery. Learning about your surgery can help you feel more prepared and less nervous. When you know what typically happens, you can make plans, ask questions and feel more in control. People who get this kind of education often have less pain, start therapy sooner and have an easier recovery.

Get supplies now for items you may need later

Some items make recovery easier and safer. Ask your care team about stool softeners or pain medicine that you do not need a prescription for.

You do not need to buy the following unless your care team tells you differently:

- Bandages or wound care supplies.
- A shoulder immobilizer.
- Special tools, such as a reacher or long-handled sponge.



Checklist to prepare for shoulder replacement surgery

Use this checklist to track what you need to plan for before surgery.

Communication with my healthcare team

- I told my care team about my chronic conditions.
- I talked with my care team about medicines and supplements I take.
- I told my care team about implanted devices.
- I told my care team about any infections or dental concerns.

No tobacco or nicotine

- I have never used tobacco or nicotine.
- I stopped using tobacco or nicotine on: _____ (Month/Year)

Plans for time away

- I told my employer, school or coach about my surgery.
- I arranged support for pets and others who depend on me.
- I brought forms to my care team to sign if needed.

Supplies I need after surgery

- Loose clothing.
- Pain relief medicine.
- Stool softener.

What to bring to surgery

- Photo ID and insurance card.
- Medicine and supplements list.
- Implanted device cards and remotes.
- Money to pay for medicines you take home.
- Comfortable clothes and nonskid shoes.
- CPAP machine if you use one at home.

Planning for other procedures

- I **do not** have a steroid injection planned in the 3 months before my shoulder replacement surgery.
- I **do not** have another procedure, including dental appointments, planned in the 6 months after my shoulder replacement surgery.
- I know that after surgery I **should not** have an injection in my shoulder area without checking with my care team.

Instructions for the week of your shoulder replacement surgery

Follow these important instructions in the week that leads up to your surgery. They help lower your risk of infection. They also make sure you are ready for surgery day.

Week of surgery

- **Do not** shave the arm you will have surgery on, including your armpit.
- Tell your healthcare team about any recent illnesses you may have had, such as a cold or the flu. If you still have symptoms, your care team needs to know. For example, tell team members about a cough, stuffy nose or fever.
- Tell your care team if you were recently injured or have a wound anywhere on your body.

Day before surgery

Tell your care team about any recent injuries or illnesses you may have had, such as a wound or a cold, the flu, a urinary tract infection or another infection. Also tell your care team about any symptoms you have. For example, tell them about a cough, stuffy nose or fever.

- I **have not** had an illness in the last 4 weeks.
- I had an illness in the last 4 weeks. I told my care team about the illness. **Today**, I told my care team about symptoms I still have.
- I have not had an injury recently, and I do not have any wounds on my body.
- I was recently injured, or I have wounds on my body. **Today**, I told my care team.



Read any instructions you were given about your surgery. These may include directions about what to eat and drink.

- I read the instructions I was given to get ready for surgery.

Evening before surgery

- Remove any piercings.
- Take a shower or bath. This helps lower bacteria on your skin. Bathing also may lower the risk of infection. If your care team gave you antibacterial soap, use it.
- Sleep in clean pajamas and in clean sheets.

The day of your shoulder replacement surgery

Read this information to learn what you should do the morning of your surgery. It also describes what typically happens when you arrive and your care right after surgery.

Checklist before you leave for surgery

Use this checklist the morning of your surgery.

Get yourself ready

- Do not** eat or drink anything unless your healthcare team said it is OK.
- Only take the medicines your care team said are OK.
- Take a shower. If your care team gave you antibacterial soap, use it.
- Do not** shave the arm you will have surgery on. This is to prevent infection.
- Brush your teeth.
- Wear clean, loose-fitting clothes.
- Put on supportive, nonskid shoes.
- Do not wear any jewelry or bring anything valuable.

Pack what you need

- Photo ID and insurance card.
- A list of all your medicines.
- Information cards for any implanted devices. Also bring their remotes.
- Glasses, hearing aids or dentures. Also bring cases for each.
- Money to pay for medicines you take home.

Before you leave for surgery

- Make sure your driver is ready to take you. Your driver checks into your surgery appointment with you. Before your care team admits you, they need to know you have a safe ride home.
- Call your care team if you have a wound anywhere on your body, or if you feel sick, have a fever or notice signs of infection.

How your healthcare team supports you right before surgery

Before your care team gets you ready for surgery, tell them whether you have any implanted devices. Examples include a pacemaker, an internal defibrillator, a vagus nerve stimulator, and a bladder and bowel device. They also include an insulin pump and a pain medicine pump. If you have an implanted device, show a member of the team the device information card you brought with you.

Your care team also takes steps to check your health. For example, they:

- Check your temperature, pulse, breathing rate and blood pressure.
- Place an IV. This is to give you fluid and medicine through a vein. The medicine you receive depends on your medical history, physical condition and the type of surgery.
- Talk to you about anesthesia or sedation. With general anesthesia, you either receive medicine through an IV or you inhale medicine. The medicine puts you into a very deep sleep. It blocks your memory of surgery. It also keeps your brain from sensing pain signals. You have a breathing tube in place during surgery.

Your care team also asks you to:

- Go to the bathroom.
- Take off your glasses, contact lenses, hearing aids and dentures if you are wearing them. You take these off in the surgical area before your surgery. They are ready for you right after surgery.



During surgery

Typically, shoulder replacement surgery takes between 2 and 3 hours. Your loved ones or support person can wait in a nearby area. They are told when your surgery is over.

Caring for you right after surgery

After surgery, you rest in a recovery area for a short while. Time in the recovery area is different for each person. Your care team decides how much time you need. But the average time is about two hours. During this time:

- Your loved ones are told when you are out of surgery and recovering.
- **Do not try to get up without help.** Your care team decides when you are ready to move.
- Your care team monitors your blood pressure and pulse and how alert you are. Members also ask about your pain and comfort level. And they check whether you have nausea.
- You may get oxygen. You also may get fluids and medicine through your IV. Tell your care team if you have pain or redness around the IV site. You also may get antibiotic medicine to help prevent infection.
- Noises may sound louder than usual.
- Your throat may feel sore or dry. This is common. It also is common to feel sleepy or forgetful. And you may have nausea and feel cold.

After anesthesia or sedation

After you have anesthesia or sedation, it is common to have lapses of memory, slowed reaction time and impaired judgment.

Most people go home the same day as their surgery. Sometimes a person needs to stay overnight. If you go home the same day, do not drive or operate motorized vehicles or equipment for the rest of the day. This is for your safety and the safety of others. Air travel by yourself on the day of your surgery is not advised.

For the rest of the day:

- Rest.
- Do not return to work or school.
- Do not take on responsibility for children or anyone who depends on your care.
- Do not use exercise equipment or take part in rough play or sports.
- Do not drink alcoholic beverages.

Anesthesia or sedation medicine also may increase your risk of falling. Use caution. Ask for help when you walk or move around.

Unless you are told otherwise, you may get back to your usual diet when you feel able to do so.



Call your care team right away if it has been 24 hours since surgery and you still have these side effects of anesthesia:

- Dizziness.
- Nausea or vomiting that does not stop.

Pain and discomfort

Members of your care team may ask you to rate the level of pain you feel. You use a scale from 0 to 10, where 0 is no pain and 10 is the worst pain you can imagine. The goal is to keep your pain level around 4 or less. Your pain may stay at this level for the first week or two after your surgery. Tell your care team if you think the pain medicine is causing nausea or other side effects.

Right after surgery, your care team helps manage your pain with:

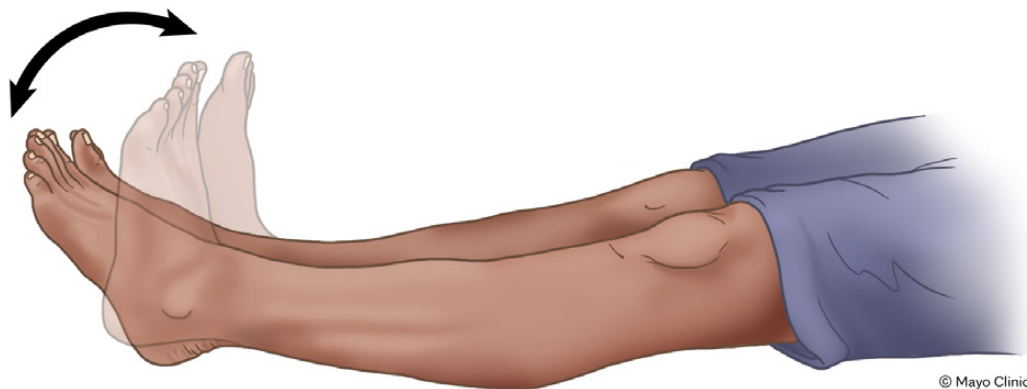
- **Pain medicine.** This medicine can ease some of your discomfort. It is best if you take pain medicine before your pain becomes hard to tolerate. Tell your care team if your pain gets worse.
- **Cold packs.** Your care team may place a cold pack around your incision. It may help with swelling and discomfort.

Encourage blood circulation

While you are less active after surgery, your legs may swell and your risk of blood clots becomes higher. To lower this risk, you need to increase circulation. That keeps your blood moving. Exercises such as ankle pumps help increase circulation. They lessen the chance of blood clots.

To pump your ankles:

1. Point your toes away from your head.
2. Point your toes back toward your head.
3. Relax.
4. Repeat this exercise 10 times every hour you are awake.



Your stay after surgery

Most people go home the same day as their surgery. Your care team supports you as you begin to heal. You may focus on:

- Finding ways to ease pain and stay as comfortable as possible. Expect to have some pain after surgery.
- Working with physical or occupational therapy to start moving again.
- Doing exercises to help with blood flow and reduce stiffness.

Getting you ready to leave

Before you leave, you learn how to care for yourself after surgery. You become more independent when you take part in your care.

Your care team may work with you on how to:

- Do everyday tasks, such as going to the bathroom.
- Care for your arm as it heals.

Your care team also may:

- Ask your support person to show that they understand your exercise program, wound care and how they can help you with your shoulder immobilizer.
- Help you schedule follow-up appointments.

You are ready to leave when you:

- Can move around safely.
- Are medically safe to go home.
- Feel you can manage your pain. Some pain is an expected part of the healing process.
- Know your home care plan. Be sure you take your dismissal instructions with you when you leave.
- Have your prescriptions for medicines and know how and when to take them.
- Have a ride and driver ready to help you leave.

Caring for yourself after shoulder replacement surgery

You play a key role in your recovery. These instructions can help you move safely, care for your body and heal well. Tell your healthcare team if your pain gets worse. Also tell the team if it becomes harder to move your arm.

Activity after surgery

You may slowly become more active as you feel ready. Let pain and fatigue be your guide. Healing takes time. Be gentle with yourself as you return to daily routines.

To support your recovery:

- Use your other arm and hand for most tasks.
- **Do not** use your surgery arm to push up from a chair or out of bed until your care team says it is safe.
- Avoid reaching far, lifting or pushing with your surgery arm.
- Take short walks each day to help with circulation and your overall health.
- Rest your arm on a pillow when you sit or lie down.
- Wear your shoulder immobilizer as your care team tells you.

Ask your care team:

- How much weight you can lift as you recover. Also ask about safe ways to lift.
- When it is safe to return to activities such as swimming and golf. Also ask when you can do things that require you to reach over your head. Most people need to wait at least 4 months.



Travel and driving after surgery

You may need help during travel. Ask someone to help you lift bags, open doors or move through tight spaces.

Wear your immobilizer as told by your care team. Keep your arm supported. Place pillows or a folded blanket under your shoulder to help with swelling. You also can open and close your fist to help lessen swelling.

Tips for riding in a car

- Do not use the arm you had surgery on to close the door, push yourself up or carry anything heavy.
- Stop every 1 to 2 hours to stretch gently and shift positions. This can help prevent stiffness and improve circulation.

Tips for flying

Ask for help lifting your bag into the overhead bin.

When you can drive

Ask your care team when it is safe for you to drive again. Most people need to wait 2 to 6 weeks after surgery. Your care team tells you when you are ready. You cannot drive while you take prescription pain medicine.

Blood-thinning medicines

Blood-thinning medicines affect clotting and bleeding. If your blood-thinning medicines were stopped before your procedure, both the healthcare professional who did your procedure and the healthcare professional who manages these medicines need to decide when to restart these medicines.

Because some common pain relievers affect blood thinning, also talk with your care team about what you can take for pain.

Medicine for pain

You may need medicine to help manage pain after surgery. Some people take pain medicine they buy without a prescription. Others may need a prescription for pain medicine. Most people have some pain as they heal. If you feel you have too much pain, let your care team know.

Pain medicine you can buy without a prescription

Pain medicine you buy without a prescription may be enough to manage pain. Examples include acetaminophen, such as Tylenol and others. They include ibuprofen, such as Advil, Motrin IB and others. And they include naproxen sodium, such as Aleve. Talk with your care team about the right dose and schedule for you. Taking more than the recommended dose can harm your liver.

Some common pain relievers can affect blood thinning. These are called nonsteroidal anti-inflammatory drug (NSAID) medicines. They include:

- Aspirin and products that contain aspirin.
- Ibuprofen, such as Advil and Motrin IB.
- Naproxen sodium, such as Aleve or a store brand.

Ask your care team about what is safe for you to take.



Do not take more than one nonsteroidal anti-inflammatory drug (NSAID) at a time. If your care team prescribes an NSAID, do not also take an NSAID that you can buy without a prescription.

Prescription pain medicine

Your care team may give you a prescription for pain medicine. Take all medicines exactly as you are told. The goal is to use the smallest effective dose for the shortest time possible. Most people should stop taking prescription pain medicine within one week after surgery.

Prescription pain medicine can cause side effects such as:

- Constipation.
- Light-headedness.
- Dizziness.
- Nausea.

Taking prescription pain medicine for even a short time can lead to addiction. Talk to your care team about how to change to pain medicine you can buy without a prescription.

While you take prescription pain medicine, **do not:**

- Drive or operate motorized vehicles or equipment.
- Drink alcohol.
- Be responsible for children or adults who depend on you for care.

Tell your care team about all medicines you take, including medicines you buy without a prescription, vitamins and herbal supplements. **Do not start any new medicine until you first talk to your care team.**

Wearing a shoulder immobilizer

Most people wear a shoulder immobilizer after shoulder replacement surgery. It supports the arm and protects the shoulder while it heals.

Ask your care team to show you the safest way to wear the immobilizer. Also ask how to put it on and take it off. Your care team tells you when it is safe to remove it for comfort or certain activities. Keep wearing it at night until your care team says you can stop. Keep your shoulder immobilizer clean and dry. Ask your care team how to clean it.



Manage swelling

Swelling is common in the shoulder and hand. It typically peaks about 3 to 5 days after surgery. Then it slowly improves over the next 2 to 3 weeks. But it is possible to have swelling for a few months. Try the following to help manage swelling.

Wear your immobilizer while you manage swelling unless your care team tells you to take it off.

- **Raise your arm above the level of your heart when you rest.** Use pillows or a soft cushion to support your arm in this position.
- **Use a cold pack for 15 to 30 minutes.** If your shoulder feels very swollen, you can use a cold pack. Place a thin towel between the cold pack and your skin unless you already have a thick wound dressing. **Do not use heat.** Heat may make swelling worse.
- **Take short walks throughout the day.** Moving your body helps lessen swelling and prevent stiffness.
- **Gently squeeze a ball in your hand.**
 - Hold a small ball in your hand.
 - Gently squeeze the ball by closing your hand, then slowly release.
 - Repeat several times to help improve circulation and lessen swelling.



Call your care team if swelling gets worse or does not start to go down after a few days.

Wound care

To help prevent infection, your incision area needs to stay clean and dry.

About your incision

Most people have stitches that dissolve. This means they do not need to be removed. The bandage over your incision area is not waterproof. Ask your care team whether the bandage needs to be changed. In most cases, it can be changed once a day if needed. Also ask when the bandage can be removed. When you no longer need a bandage, you do not need to keep your wound covered unless clothing causes discomfort.

Showering

Your care team tells you when it is safe to take a shower. Most people can take a shower 1 to 2 days after surgery. Be careful when you get in and out of the shower. Ask someone to help you if needed. You also may want to use handrails or a shower chair to feel more stable.

How to shower safely:

- Let the shower water gently wash over your incision.
- Use mild soap, but do not scrub the area.
- Pat the area dry with a clean towel.



Do not take a bath or soak your body in water until your care team says it is safe. This includes a bathtub, hot tub, pool, lake, river, or ocean. Most people need to wait 3 to 4 months. This helps prevent infection and protects your shoulder from bearing weight as you get out of the water.

Protect your wound area

Unless your care team tells you to, do not use any skin creams, such as ointments, lotions or oils. Wait until your wound is completely healed and does not have a scab. Also, try not to scratch or press on your wound area.

Wait to have other procedures

As you recover, do not have procedures that can raise your risk of infection. For example, wait before you have a dental cleaning, dental work or a colonoscopy. These should be done only when your care team says it is safe. For many people, this is after six months. Always ask your care team before you schedule a procedure.

After surgery:

- **Never have an injection in your shoulder area again without asking your care team.** Also ask about having an injection in another part of your body.
- If you have another procedure, be sure your care team and anesthesia team know you have a shoulder implant. The way your shoulder is positioned during anesthesia is important.
- Take antibiotics before certain procedures such as dental work or a colonoscopy. This lowers the risk of infection spreading to your new shoulder.

Nicotine or tobacco

Your bones and incision need time to heal. Nicotine, carbon monoxide and other harmful chemicals in tobacco and nicotine products lower blood flow. This can slow healing and raise your risk of infection, pain and other complications.

- **Do not use tobacco for at least 3 to 6 months after surgery.** This includes anything you smoke, chew, or apply to your skin or gums. Examples include cigarettes, cigars, e-cigarettes, vapes, chewing tobacco, snuff, dip, nicotine patches and nicotine gum.
- **Stay away from secondhand smoke.** Exposure may increase your risk of complications.
- **If you need help to quit, talk to your care team.** They are here to support you.

Sleep

Sleep in any position that is comfortable for you. This includes the side you had surgery on. When you lie on your back, it may feel better if your elbow rests slightly in front of your body. Place a pillow or folded blanket under your arm for support. Keep wearing your immobilizer while you sleep until your care team tells you it is safe to stop.

Eating and drinking

After surgery, your body needs nutrients and the right fluids to help you heal.

- Eat balanced meals with enough protein, calcium and vitamins. These nutrients help your body heal and support bone health. If you are not hungry right after surgery, start with small meals and snacks until your appetite improves.
- Drink plenty of water throughout the day. Try to drink at least 8 to 10 glasses of water a day.

Being less active and taking prescription pain medicine can cause constipation. To help prevent constipation:

- Eat high-fiber foods, such as fresh fruits, vegetables and whole grains.
- Stay hydrated with lots of water.
- Drink prune juice if needed.

If you still struggle with constipation, talk to your care team about whether stool softeners or laxatives are right for you.



Sexual activity

You may take part in sexual activity when you feel ready. Be sure to wear your immobilizer until your care team says it is safe to take it off. There are no specific limitations after surgery. But it may feel safer and more comfortable to lie down during sexual activity. If you have questions about sexual activity, talk with your surgical care team or your primary healthcare professional.



Follow-up care after shoulder replacement surgery

Healing takes time, and every person recovers differently. Some people regain full strength. Others recover at a different pace or need extra support. No matter what your path looks like, your healthcare team is here to support you.

Even if your shoulder starts to feel better, it is still healing. You may feel excited to move forward quickly, but follow-up care is important. These visits help your care team check how you are doing and guide your next steps.

Follow-up appointments

Shoulder implants are designed to last many years, but wear can happen. Your care team monitors this over time. Ask your care team what follow-up care you need.

After surgery, most people have a follow-up visit within six months. After that, you may have visits again at:

- 3 to 6 months.
- 1 year.
- 2 years.
- 5 years and then every 5 years thereafter.

At these visits, your care team checks how your shoulder is healing. They also may:

- Check your range of motion and strength.
- Take X-rays.
- Talk with you about next steps.

If you had revision surgery or surgery to treat an infection, your follow-up schedule may be different.

Physical therapy

Physical therapy helps you move safely and improve your strength. It often begins right after surgery.

To start, your physical therapist may work with you and your support person on how to:

- Move your arm safely while it heals.
- Do daily tasks, such as getting dressed or bathing.
- Manage swelling and prevent stiffness.
- Wear and remove your immobilizer or other support.

During formal physical therapy sessions, you and your therapist may work on:

- Gentle arm movements.
- Basic exercises to keep the joint from getting stiff.

If your therapist has you do exercises at home, keep these tips in mind:

- Follow your plan step by step.
- Take your time with each recovery stage.
- Stop if you feel pain or fatigue.
- Stay with the pace your care team sets for you. **Do not** skip ahead. Moving too fast can cause pain or reinjury.

As you heal, your care team may change your exercises or goals. Taking pain medicine about 30 minutes before therapy can help you move more comfortably.



When to get medical care after shoulder replacement surgery

Knowing when to get help can keep you safe and support your recovery.

Get emergency medical care

Call 911 or your local emergency number, or have someone drive you to the nearest emergency care center right away if you have:

- Chest pain or shortness of breath.
- Sudden loss of movement or feeling in your legs.
- Heavy bleeding from the surgical area.
- A new seizure or if you pass out.

When to call your healthcare team

Call your care team right away if you have any of the following:

- Side effects of anesthesia or sedation that do not go away within 24 hours, such as:
 - Feeling dizzy.
 - Nausea or repeated vomiting.
- Numbness, tingling or weakness in your hand or arm that lasts more than two days. Any of these can be signs of a nerve issue.
- An opening in one of your incisions.
- A urinary tract infection, bronchitis or any other infection. Other infections can spread to your surgical area and slow healing.
- Shoulder joint suddenly does not feel stable, is locked or looks out of place.
- Signs of infection, which may include:
 - A temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or greater.
 - Chills.
 - An increase in pain or pain not relieved by pain medicine
- Signs of infection in the treatment area, which may include:
 - A change in skin color. This change may be a shade of red, purple or brown depending on your skin color.
 - Increased tenderness, redness or swelling.
 - New drainage or an increase in drainage.
 - A bad-smelling odor.

How to contact your surgical healthcare team after shoulder replacement surgery

Your healthcare team is here to support you. If you have questions, need help or something does not feel right, reach out.

My surgeon is: _____

How to contact your surgical care team:

- Patient portal.
- Phone: _____

Business hours:

- Monday through Friday, 8 a.m. to 5 p.m.
- Closed on weekends and holidays.

If you need urgent care outside of these hours, go to the nearest emergency room or call 911 or call your local emergency number.

Notes

Barbara Woodward Lips

PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal patient of Mayo Clinic for more than 40 years. She was a self-made business leader who significantly expanded her family's activities in oil, gas and ranching, even as she assembled a museum-quality collection of antiques and fine art. She was best known by Mayo staff for her patient advocacy and support. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic.

Mrs. Lips had a profound appreciation for the care she received at Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo Clinic honors her generosity, her love of learning, her belief in patient empowerment, and her dedication to high-quality care.

This information is for your education only. It does not replace medical advice, diagnosis or treatment. New medical research or practices may change this information. If you have questions, talk with a member of your healthcare team.

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